## AMENDMENT TRANSMITTAL LETTER (Large Entity) Docket No. Applicant(s): Hiroyuki Takahashi 16816 Confirmation No. Application No. Examiner Customer No. Group Art Unit Filing Date 23389 3769 9906 10/616,287 July 9, 2003 David M. Shay Invention: Integrated Surgical System with Multiple Devices COMMISSIONER FOR PATENTS: Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below. CLAIMS AS AMENDED CLAIMS REMAINING HIGHEST # NUMBER EXTRA ADDITIONAL RATE AFTER AMENDMENT PREV. PAID FOR CLAIMS PRESENT FEE TOTAL CLAIMS 9 20 n х \$52.00 \$0.00 \$0.00 INDEP CLAIMS 2 0 \$220.00 Multiple Dependent Claims (check if applicable) \$0.00 \$0.00 TOTAL ADDITIONAL FEE FOR THIS AMENDMENT No additional fee is required for amendment. Please charge Deposit Account No. in the amount of ☐ A check in the amount of to cover the filing fee is enclosed. The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 19-1013/SSMP Any additional filing fees required under 37 C.F.R. 1.16. Any patent application processing fees under 37 CFR 1.17. Payment by credit card. Form PTO-2038. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. /Thomas Spinelli/ Dated: December 1, 2009 Signature Thomas Spinelli Registration No.: 39,533 I hereby certify that this correspondence is being deposited with Scully, Scott, Murphy & Presser, P.C. the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, 400 Garden City Plaza, Suite 300 P.O. Box 1450, Nexandria, VA 22313-1450" [37 CFR 1.8(a)] on Garden City, New York 11530 (516) 742-4343 (Date) Signature of Person Mailing Correspondence CC: Typed or Printed Name of Person Mailing Correspondence P11LARGE/REV10